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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | | 10/560,752 | |
| | | Filing Date | | December 14, 2005 | |
| | | First Named Inventor | | Moshe Ben-Ayun | |
| | | Art Unit | | 1751 | |
| | | Examiner Name | | - | |
| Total Number of Pages in this Submission | | 2 | Attorney Docket Number | | CM06026EI |

| ENCLOSURES | | | (check all that apply) |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition to Revive <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) | |
| Remarks | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|---------------------|------------------|--------|
| Firm or Individual | Barbara R. Doutre | Registration No. | 39,505 |
| Signature | /Barbara R. Doutre/ | | |
| Date | March 21, 2007 | | |

| CERTIFICATE OF TRANSMITTAL/MAILING | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I hereby certify that this correspondence is being facsimile transmitted to facsimile number or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below: | |
| Typed or printed name | |
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